



WORKING CONNECTIONS CHILD CARE (WCCC)
WCCC AWARD/CHANGE LETTER

LOCAL OFFICE	TELEPHONE NUMBER
CASE NUMBER	DATE

...FOLD...

You are eligible for child care subsidies with a monthly copayment starting _____ and ending _____.

Please read the important information on Page 2.

Child care is being approved for the following: ☐ Employment ☐ Approved WorkFirst activity ☐ School

☐ Other: _____.

Your beginning monthly copayment will be \$15.00 for the period of _____ to _____. Your monthly copayment will ☐ be ☐ change to \$ _____ for period of _____ and ending _____.

A copayment is your share of your child care cost and must be paid directly to your provider. Your copayment is based on your household size and your monthly income as follows:

1. Family size is _____
2. Gross earned income is (before taxes) \$ _____
3. Self-employment income (after allowable deductions) is \$ _____
4. Unearned income equals (SSI, SSA, child support received, lump sum payments) is \$ _____
5. TOTAL INCOME (add lines 2 - 4 above) \$ _____
6. Child support paid out is \$ _____
7. Determine countable income (subtract line 6 from line 5)
(Countable income is used to determine eligibility and copayment) \$ _____

8. Copayment is calculated as follows:

COUNTABLE INCOME

MONTHLY COPAYMENT

At or below 82% of Federal Poverty Level (FPL)

\$15

Above 82% and up to 137.5% of FPL

\$50

Over 137.5 and up to 200% of FPL

(Countable income - 137.5% FPL) X .44 + \$50

Your copayment is changing because (per WAC 388-290-0085);

☐ Your authorization period has expired.

☐ Your family size has changed.

☐ Your income has decreased.

☐ Other (explain): _____

WORKER'S NAME _____

WORKER'S TELEPHONE/FAX NUMBER _____

WCCC Rights and Responsibilities

You are responsible to:

- Give us information so we can determine your eligibility and authorize child care payments correctly;
- Choose a provider who meets requirements of WAC 388-290-0125 and make your own child care arrangements;
- Pay, or make arrangements to have someone pay, your WCCC monthly copayment directly to your child care provider. Failure to do so may result in your child care subsidies being terminated;
- Leave your children with you provider for approved activities or arrange to pay the provider yourself, as the provider requires, for care while you are engaged in unapproved activities.
- Keep attendance records when you choose in-home/relative child care. Records must be:
 - Provided when requested; and
 - Kept for one year after care has been provided.
- Pay your in-home/relative provider the entire amount we send you for in-home/relative care listed on the remittance advice notice you receive with the warrant.
- Get a receipt for any money you pay to your provider. You must keep the receipts for one year for DSHS to review on request;
- Cooperate with the quality assurance review process to remain eligible for WCCC. You become ineligible for WCCC benefits upon a determination of noncooperation by quality assurance and remain ineligible until you meet quality assurance requirements or thirty days from the determination of noncooperation.
- Cooperate with the fraud early detection (FRED) investigator. If you refuse to cooperate (provide information requested) with the investigator, it could affect your benefits.
- Notify WCCC authorizing worker, within five days, of any change in providers;
- Notify your provider within 10 days when we change your child care authorization.
- **Report to your child care authorizing worker, within 24 hours, any pending charges or conviction information you learn about your in-home/relative provider.**
- **Report to your child care authorizing worker, within 24 hours, any pending charges or conviction information you learn about anyone sixteen years of age and older who lives with the provider when care occurs outside of the child's home.**
- Report changes to the WCCC authorizing worker within 10 days of:
 - The number of child care hours needed (more or less hours);
 - The household income to including any TANF grant or child support increases or decreases;
 - Your household size such as any family member, including parent or spouse, moving in or out of your home;
 - Employment, school or approved TANF activity (starting, stopping, or changing);
 - The address and telephone number of your in-home/relative provider;
 - Your home address or telephone number; or
 - Your legal obligation to pay child support.
- **Failure to report changes promptly may result in an overpayment or you may have to pay more than your normal share of child care costs.**
- Return all requested information for your provider immediately. Your in-home/relative provider prior to the date all background check results are received will not be issued payment for care.
- Do not leave your children in care for reasons other than those listed on the front of this form, unless you have made arrangements with your provider to pay for the care yourself. If you want to participate in an activity other than what is authorized on the front of this form, and want DSHS to pay for your child care, you must first contact your child care authorizing worker.

WCCC Rights and Responsibilities

Please understand that:

- You will be treated politely and fairly no matter what your race, color, political beliefs, national origin, religion, age, gender, disability or birthplace;
- You will have WCCC eligibility determined within thirty days from your application date;
- You will be informed, in writing, of your legal rights and responsibilities related to WCCC benefits;
- Your information will be shared with other agencies when required by federal or state regulations;
- You will get a written notice at least ten days before DSHS makes changes to lower or stop benefits except as stated in WAC 388-290-0120;
- You may ask for a hearing if I do not agree with DSHS about a decision.
- You may ask a supervisor or administrator to review a decision or action affecting my benefits without affecting the right to a hearing.
- You may have an interpreter or translator service within a reasonable amount of time and at no cost to you;
- You may choose my provider as long as the provider meets the requirements in WAC 388-290-0125.
- You may ask the fraud early detection (FRED) investigator from the division of fraud investigations (DFI) to come back at another time. You do not have to let an investigator into your home. This request will not affect your eligibility for benefits. If you refuse to cooperate (provide information requested) with the investigator, it could affect your benefits.

Hearing Rights: You have a right to a hearing. To request a hearing, contact this office or write the Office of Administrative Hearings, PO Box 42489, Olympia WA 98504-2465. You must request your hearing within 90 days of the date you receive this decision. At the hearing, you have the right to represent yourself, be represented by an attorney or by any other person you choose. You may be able to get free legal advice or representation by contacting an office of legal services. You may be eligible to receive continued benefits pending the outcome of a hearing if you request the hearing on or before the effective date of an action or no more than 10 days after the department sends you notice of the action.

MEDICAL FOR YOUR CHILDREN

Did you know that you could get medical and dental coverage for your children? There is no waiting list and it's as easy as **1 - 2 - 3!**

1. Are you receiving any other type of assistance through the state, such as food stamps or cash assistance?
 - **YES:** Call the financial worker in charge of your case and request medical coverage for your child(ren).
 - **NO:** Call the toll free telephone number for Children's Medical assistance at 1-800-204-6429.
2. Provide the worker with the information they need to tell if you are eligible. They may already have this or be able to take it over the telephone.
3. Receive the medical card in the mail.

Don't wait - medical coverage for you child is as close as a phone call away!